(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL092178 07/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **404 PARNELL DRIVE ANN'S SUNRISE II** RALEIGH, NC 27610 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on July 1, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on February 01, 1985. Based on this we are requiring the home to be in compliance with the 1984 and the applicable portions of the 2005 Rules (10A NCAC 13G) for the Licensing of Family Care Homes, the 1968 North Carolina Uniform Residential Building Code (Volume I-B), and, the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care Homes. Deficiencies were noted which will require a new plan of correction. C 101 Existing Licensed-No Less than '71 Rules C 101 SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition. renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
		FCL092178	B. WING		07/0	1/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 PARNELL DRIVE RALEIGH, NC 27610							
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C 101	Barbour Drive, Rale no cost; This Rule is not me 1. Based on observing widths are not in ac Rules in effect when This would make it a wheelchair or wal Findings include: a) The front bathrowide. b) The back bathrowide. This is not in accord Care Rules which seminimum of two feets	eigh, North Carolina 27603 at	C 101				
C 136	SECTION .0300 - T 10A NCAC 13G .03 (f) Nonskid surfaction showers and bath This Rule is not me 1. Based on observation maintained safe Findings include: a) The front shower slip prevention.	THE BUILDING 09 BATHROOM ing or strips must be installed in areas. et as evidenced by: vation, the shower floors were	C 136				

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL092178 07/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **404 PARNELL DRIVE ANN'S SUNRISE II** RALEIGH, NC 27610 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 137 Continued From page 2 C 137 C 137 C 137 Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors. This Rule is not met as evidenced by: 1. Based on observation, the bathroom windows were not maintained operable. Findings include: The two bathroom windows have been enclosed in an exit vestibule and are no longer exposed to the outside for ventilation. Provide mechanical ventilation for both bathrooms. C 143 Corridor-Free of Obstructions C 143 SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having corridors blocked by doors with locking hardware. This would affect all residents by not allowing free egress in an emergency. Findings include: a) The back left exit vestibule has a corridor door, in the path of egress, equipped with locking hardware requiring a key to unlock.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL092178	B. WING		07/0	1/2015	
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ANN'S SUNRISE II 404 PARNELL DRIVE RALEIGH, NC 27610							
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C 143	Continued From pa	ge 3	C 143				
		a corridor door, in the path of ith locking hardware requiring					
C 151	Laundry Room		C 151				
	The laundry equipm	THE BUILDING 13 LAUNDRY ROOM nent in a family care home of the living, dining, and					
	This Rule is not me 1. Based on observexhaust was not ma	vation, the clothes dryer					
	Findings include: The backdraft dam is broken.	per on the dryer exhaust duct					
C 152	Floors		C 152				
	smooth, non-skid m to be easily cleanab (b) Scatter or thro	amily care home shall be of naterial and so constructed as					
	This Rule is not me 1. Based on obser- maintained safe.	et as evidenced by: vation, the floors were not					
	Findings include: Throw rugs and sca house.	atter rugs are in use in the					
		dance with the 1984 Family					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL092178 07/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **404 PARNELL DRIVE ANN'S SUNRISE II** RALEIGH, NC 27610 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 152 Continued From page 4 C 152 rugs are not to be used." C 174 Building Equipment Maintained Safe, Operating C 174 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE **EQUIPMENT** (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Based on observation, the exterior building components were not maintained safe. Findings include: a) The back porch railing is missing a spindle. C 180 Building Service Equipment-Call System C 180 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE **EQUIPMENT** (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing family care homes.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
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C 180	Continued From pa	ge 5	C 180				
	This Rule is not me 1. Based on obser- maintained operabl	vation, the call system was not					
	Findings include: The call system is not working.						
C 183	Outside Premises-Clean, Safe		C 183				
	(a) The outside gr	THE BUILDING 18 OUTSIDE PREMISES ounds of new and existing shall be maintained in a clean					
	This Rule is not me 1. Based on observere not maintained	vation, the exterior grounds					
	tire appears to have period of time b) On the right side	of the home a truck with a flat been parked for an extended of the home a van, with no ars to have been parked for an time.					

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